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0010/PTO U.S. Department of Commerce Rev 6/95 Patent and Trademark Office			Attorney Docket Nur	nber	920333.90019					
	First Named Inventor	R. Beaudoin e	et al.							
DECLARA	TION F	OR	COMPLETE IF KNOWN							
UTILITY (OR DES	IGN	Application Number							
PATENT AI	PPLICA	TION	Filing Date		Filed Herewith					
5	on Doo	laration	Group Art Unit							
Declaration (Submitted with Initial Filing	Sub	laration mitted after al Filing	Examiner Name							
My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ATP-Diphosphohydrolases, Process of Purification Thereof and Process of Producing Thereof by Recombinant Technology (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations \$1.56.										
I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)		Country	Foreign Filing (MM/DD/YY)	00 1	Priority ot Claimed	Certified Copy Attached? YES NO				
Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto: I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.										
Application Number			te (MM/DD/YYYY)	u States p	***	plication(s) listed provisional applica				
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Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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	DECLARATION									Page 2			
acknowle	dge the duty to d	er Title 35, United State tes of America, listed be tion or PCT internationa isclose information which date of the prior applic	ı appucation 1 is material	in the m to patent	ianner prov tability as di	ided in ti efined in	ne first parag Title 37. Co	raph of Title de of Federa	35, Unite Regulation	nternational n is not disclosed States Cocons ons §1.56 w	application sed in the le §112, I hich became		
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As a nan	ned inventor. I h	or PCT international ereby appoint the follo sed thereon, and to tra	wing attorn	evisi an	d/or agent	(e) to pr	neacuta this	application	and all a	ontinuotion			
	Firm Name Quarles & Brady LLP Cu							er or label					
Lis	List attorney(s) and/or agent(s) name and registration number below										OFFICE		
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<u> </u>	Additional atto	orney(s) and/or agen	ts named	on a su	pplementa	al priorit	y sheet att	ached here	eto				
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Name of	Sole or First I	nventor:				A pet	ition has b	een filed f	or this u	unsigned in	ventor		
Given Name	Adrien		Middle Initial	R.	Family Name	Ве	audoin		Suffix e.g. Jr.				
nventor's iignature									Date				

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DECLARATION							ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:							A pe	A petition has been filed for this unsigned inventor					
Given Name Je	ean		Middle Initial		Famil Name	y	Sevi	Sevigny					
Inventor's Signature		•							Date				
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Post Office													
Post Office	ost Office 185 Freeman Street Apt. 448												
City Brookline State MA Zip 02446 Country US Applicant Authority								cant ority					
Name of Additional Joint Inventor, if any A petition has been filed for this unsigned inventor													
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Inventor's Signature									Date				
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Post Office				.,									
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Name of Add	ditional Joint Inventor, if	any.					Ар	etition has beei	n filed for this u	ınsigned ıı	nventor		
Given Name Si	mon		Middle Initial Fam Nam			mily ime	Ro	bson		Suffix e.g. Jr.			
Inventor's Signature									Date				
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City Weston State		МА	A Zip 02493			Country	ountry US		Applicant Authority				
Name of Add					Ар	etition has beer	n filed for this u	ınsigned i	nventor				
Given Name		Middle nitial		Family Name					Suffix e.g. Jr.				
Inventor's Signature									Date				
Residence					State		Count	ry	Cit	zenship			
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A	Additional inventors a	are be	eing i	name	d on sı	lggı	ement	al sheet(s)	attached l	nereto			